



LISA M. LEONDIS
AGRICULTURAL COMMISSIONER/
SEALER OF WEIGHTS & MEASURES

County of San Diego

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ASSISTANT DIRECTOR

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DEPARTMENT OF AGRICULTURE, WEIGHTS AND MEASURES
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Phone: (858) 694-2739 FAX (858) 467-9697
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WEIGHTS & MEASURES
(858) 694-2778
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Consumer Complaint

IN ORDER FOR US TO INVESTIGATE YOUR COMPLAINT, PLEASE COMPLETE THE APPROPRIATE SECTIONS AND PROVIDE ANY WRITTEN DOCUMENTATION THAT SUPPORTS YOUR COMPLAINT

Name: _____ Daytime Telephone Number: _____
Address: _____ City, State Zip: _____
Email Address: _____

I HAVE A COMPLAINT AGAINST:

Name: _____
Address: _____ City, State Zip: _____

Did you reach us by calling 1-888-TRUE-SCAN? ☐ Yes ☐ No

Date of Occurrence: _____

Did you contact the responsible party? ☐ Yes ☐ No

Describe your complaint (Attach additional sheets if necessary)

Gas Station/Gas Contamination Section (Please describe your complaint in the above section)

Type of Fuel: ☐ Gasoline ☐ Diesel **Octane:** (Please circle) 87 89 91 92 Other: __ **Pump #:** ____

Note: If you do not know the pump number, please draw a pump layout and the circle the suspected pump.

<u>EXAMPLE</u>		<u>DRAW PUMP LAYOUT</u>
N ↑	X=Pump layout O= Suspected pump <div style="display: flex; align-items: center;"><div style="border: 1px solid black; padding: 5px; margin-right: 10px;">F a y S t</div><div style="display: flex; flex-direction: column; align-items: center;"><div style="margin-bottom: 10px;">xxx xox</div><div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">xxx Station Office</div><div style="border: 1px solid black; padding: 5px;">xxx Fourth Ave</div></div></div>	